

FILED JAN 25 1946  
Registration District No. 138

Primary Registration District No. 55.22

(Registrar's No. 16)

**1. PLACE OF DEATH:**

(a) County Richmond

(b) City or town Cross Timbers (Rural)  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Cross Timbers  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether \_\_\_\_\_)

In this community all of life  
years, months or days

**2. USUAL RESIDENCE OF DECEASED:**

(a) State Missouri (b) County Richmond 43

(c) City or town Cross Timbers (Rural) 0  
(If outside city or town limits, write "RURAL")

(d) Street No. \_\_\_\_\_ (If rural, give location) \_\_\_\_\_

(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No) \_\_\_\_\_  
If yes, name country \_\_\_\_\_

**3. (a) PRINT FULL NAME** Ezekiel Francis Cox

3. (b) If veteran, name war WW

3. (c) Social Security No. WW

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month Dec day 24  
year 1945 hour 4 minute 40 A.M.

21. I hereby certify that I attended the deceased from Dec. 20  
21, 1945, to Dec 25, 1945,  
that I last saw him alive on Dec 23, 1945,  
and that death occurred on the date and hour stated above.

4. Sex Male 5. Color or race W

6. (a) Single, widowed, married, divorced Widowed

6. (c) Age of husband or wife if alive \_\_\_\_\_ years (Day) (Year)

7. Birth date of deceased Aug 23 1862  
(Month) (Day) (Year)

Immediate cause of death Intestinal Flu Duration 7 days

Due to no history

Due to \_\_\_\_\_

Other conditions none  
(Include pregnancy within 3 months of death)

**8. AGE:**

Years	Months	Days	If less than one day
<u>83</u>	<u>4</u>	<u>1</u>	hr. min.

Major findings: Of operations \_\_\_\_\_

Of autopsy no

**PHYSICIAN**  
Underline the cause to which death should be charged statistically.

9. Birthplace Climax Springs, Mo  
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business \_\_\_\_\_

12. Name E. F. Cox

13. Birthplace unknown 4  
(City, town, or county) (State or foreign country)

14. Maiden name Anna Liza Wise 1  
(City, town, or county) (State or foreign country)

15. Birthplace Ohio 1  
(City, town, or county) (State or foreign country)

16. (a) Informant FRANK Cox

(b) Address Cross Timbers, Mo

17. (a) Burial (b) Date thereof 12-27-45  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Little Niagara Cemetery

18. (a) Signature of funeral director W. P. Hargiss  
(b) Address Wheatland, Mo

19. (a) Jan. 4 - '46 (b) W. P. Hargiss  
(Date received local registrar) (Registrar's signature)

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) \_\_\_\_\_

(b) Date of occurrence \_\_\_\_\_

(c) Where did injury occur? \_\_\_\_\_ (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_

23. Signature J. M. Edwards (M. D. or other) \_\_\_\_\_  
Address Cross Timbers, Mo Date signed 12-25

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

12-45-1387

Date \_\_\_\_\_

1-22-46

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

*Chas Gilbert Hathaway*

Licensed Embalmer No.....

*4267*

P. O. Address.....

*Whitting*

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, fact should be so stated above.**